

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. 10627061

FILING DATE

**APPLICANT(S)**

## CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7						
8						
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44						
45						
46						
47						
48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	IND	DEF	IND	DEF	IND	DEF
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66		1		1		1
67		1				1
68		1				1
69	1					1
70		1				1
71		1				1
72		1				1
73		1				1
74		1				1
75		2		2		2
76		2		2		2
77		2		2		2
78		2		2		2
79		2		2		2
80		2	X	X		
81	1		1			
82		1		1		
83		1		1		
84		1		1		
85	1		1			
86		1		1		
87		1		1		
88		1		1		
89		1		1		
90		1		1		
91		1		1		
92		1		1		
93		1	X	X		
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	4		3			
TOTAL DEF.	31		29			
TOTAL CLAIMS	35		32			